

Standard Form 1189
(Rev. 5-75)
3 Treasury FRM 7000
1189-103

"Note. The social security account number on the form is required, and will be used, for identification with the records of the program agency and the financial organization pursuant to the provisions in 31 U.S.C. 492 and 31 CFR 209. All information requested on the form is confidential and is required under the above law and regulation to provide the entitlement to the benefits of the financial arrangement provided by the law. Failure to provide the information requested may affect the entitlement to such benefits."

REQUEST BY EMPLOYEE FOR PAYMENT OF SALARIES OR WAGES BY CREDIT TO ACCOUNT AT A FINANCIAL ORGANIZATION

TO BE COMPLETED BY EMPLOYEE (In Triplicate) AND SUBMITTED TO EMPLOYING AGENCY

NAME OF EMPLOYEE (As stated on payroll)	SOCIAL SECURITY NUMBER (or other employee number used by agency)
HOME ADDRESS	
AGENCY (Include also Bureau, Division, Branch or other designation of employing organization)	

TO:

You are hereby authorized and requested to pay the net amount of salaries or wages due me by credit to my account with the financial organization designated below, beginning with pay for the next full pay period and continuing until canceled by me in writing.

NAME OF FINANCIAL ORGANIZATION (To receive check)	EMPLOYER IDENTIFICATION NUMBER (FINANCIAL ORGANIZATION)
ADDRESS	MY ACCOUNT NUMBER AT THE FINANCIAL ORGANIZATION
CITY STATE ZIP CODE	
SIGNATURE OF EMPLOYEE	DATE SUBMITTED TO AGENCY

TO BE COMPLETED BY FINANCIAL ORGANIZATION (For return of original and copy to employee and retention of a copy)

We, the above-designated financial organization, hereby agree to act as agent, of the above-named person in the capacity indicated. Our account number shown above for the person named herein, should be included as additional identification, for our convenience, on individual checks forwarded for credit to his account or on records accompanying ~~composite checks for credit to his or other persons' accounts~~

AUTHORIZED SIGNATURE	TITLE
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